

U.S NATIONAL STAGE WORKSHEET (DO/EO)

U.S. APPL. NO. 924314	INTERNATIONA	LAPPL JYDOO	4 602638
APPLICATION FILED BY: 20 MOS.,	OR 30 MOS.,	SCREENED BY	
			PCT International Divis
INTERNATIONAL APPLICATION F	APERS IN THE A	PPLICATION FILE	G:
International application Article 19 amendments Priority Document(s) No. Request Form PCT/RO/101 PCT/IB/302 PCT/IB/304 PCT/IB/306 PCT/IB/308 PCT/IB/331 OTHER PCT/IB/ PCT/IPEA/409 also 416	PUI PUI	409 annexes to IPER PCT/ISA/210 (Search Search report Reference Other Papers filed WIPO PUBLICATE BLICATION NO. WO S BLICATION LANG., NOT PUBLISHEL U.S. only	10N 2004 077457 50 50 90 4 Tu su n 8
RECEIVED FROM THE APPLICAN National application basic fee paid Express Processing Requested Translation of the International Application Used the IB copy of the IA Description Claims Prawings Foreign Language in drawing Article 19 Amendments Amendment used in application Article 34 Amendment Amendment used in application DNA 1194 transaction done	On Preliming Solution	nary Amendment(s) filed exond submission_ tion Disclosure Stateme exond submission_	Branch
DO/EO 903 Notice of Acceptan DO/EO 905 Notice of Missing I DO/EO 917 Notice of A defecti DO/EO 916 Notice of defective DO/EO 913 Notice of defective	eceived ements met NOTICE COM ce Requirements ve oath or declar response translation	PLETED	eboš 05
DO/EO 909 Notification of Ab	andonment	4-03-	-03

UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR P	ATENT FEE	REFU	IND	₹ .		
1 Date of Request:	2 Seri	al/Pa	tent	11/1 574	314	
3 Please refund the following fee(s):		4 PAP NUM	ER BER	5 DATE FILED	6 AMOUNT	
Filing					\$	
Amendment					\$	
Extension of Time					\$	
Notice of Appeal/Appeal					\$	
Petition					\$	
Issue					\$	
Cert of Correction/Terminal Disc.					\$	
Maintenance					\$	
Assignment					\$	
Other					\$	
		7 TOTAL AMOUNT OF REFUND \$				
		8 TO	BE I	REFUNDED E	BY:	
10 REASON:		Reneasury Check				
Overpayment			- C	redit Dep	osit A/C-#:-	
Duplicate Payment		9 February Refund Total: \$100.00				
No Fee Due (Explanation):		An Fxp. : XXXXXXXXXXXXAAAA				
	4					
11 REFUND REQUESTED BY:						
TYPED/PRINTED NAME:		<u>-</u>	т	ITLE:		
SIGNATURE:		PHONE:				
OFFICE: ************************************						
APPROVED:		DATI		C:1632	-500.00 OP	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

PORM PTO 1577 (01/90) Office of Finance Refund Branch Crystal Park One, Room 802B